STATE BAR OF MICHIGAN

ELDER LAW AND DISABILITY RIGHTS SECTION (ELDRS)

Fall 2026 Conference Scholarship Application

A. I am applying for the following Scholarship:

☐ Conference registration fee ☐ Hotel room cost for 2 nights ☐ Both fee and room

If hotel room requested, please indicate if you are willing to share accommodations: ☐ Yes ☐ No

NOTE: IF YOU ARE APPROVED FOR A SCHOLARSHIP, BUT DO NOT ATTEND THE CONFERENCE, YOU WILL BE BILLED FOR THE SCHOLARSHIP

B. PROFILE:

Name: _____ Attorney No.P-_____

Employer name and type:_____ Volunteer position? ☐ Yes ☐ No

Title/Position: _____ ☐ Law Firm ☐ Non-Profit

☐ Government Agency ☐ Law School/Student ☐ Other _____

Mailing address:_____City_____

State:_____ Zip _____ Phone:_____ Fax: _____ Email: _____

C. BACKGROUND INFORMATION:

Are you a current ELDRS member? ☐ Yes ☐ No

Have you attended an ELDRS conference before? ☐ Yes ☐ No

Have you ever received a scholarship from ELDRS to attend a previous ELDRS conference?

☐ Yes ☐ No If yes, when:_____

D. NARRATIVE:

1. Please describe in a short paragraph why you need a scholarship.

2. Please describe in a short paragraph how attending this conference will enhance your professional development.

3. Please describe your future professional plans in the Elder Law and/or Disability field and your commitment to the long-term care area.

Signature of Applicant_____ Date: _____

THE APPLICATION AND ACCOMPANYING AGREEMENT MUST BE RECEIVED BY August 14, 2026.

Incomplete or late applications will not be eligible for consideration.

email as an attachment to: schalgian@mielderlaw.com